

The Commonwealth of Massachusetts
Division of Health Professions Licensure
Board of Registration in Dentistry
239 Causeway Street, 5th Floor, Suite 500
Boston, MA 02114
(617) 973-0971
www.mass.gov/dph/boards/dn

## **Facility Permit D-C**

(See 234 CMR 6.07 Effective August 20, 2010)

Administration of Nitrous Oxide-Oxygen Only

#### **Application Instructions**

Facility Permit D-C authorizes the administration of nitrous oxide-oxygen only at the specific site named on the Permit, as performed by a qualified dentist licensed to practice under MGL c. 112 s. 45 or by a medical anesthesiologist licensed by the Massachusetts Board of Registration in Medicine. Prior to the administration of nitrous oxide-oxygen in a dental office, a Facility Permit D-C must be obtained by the qualified dentist for each office site where nitrous oxide-oxygen is to be administered, including the offices of dentists who work with a qualified medical or dental anesthesiologist (234 CMR 6.03). Facility Permit D-C authorizes only the administration of nitrous oxide-oxygen at this site by qualified dentists with the proper individual anesthesia permits as issued by the Board.

Exemption: A Facility Permit D-C is <u>not</u> required for the administration of nitrous oxide-oxygen at those hospital and/or dental school settings that have been approved by the Joint Commission on Accreditation of Hospitals or the Commission on Accreditation of the Council on Education of the American Dental Association, or for hospitals and clinics licensed pursuant to M. G. L. c. 111, §§ 51 through 56. A private dental office of a licensed dentist that is located within a hospital or dental school facility, however, is subject to 234 CMR 6.00.

#### PLEASE NOTE:

- 1) A facility permit is issued by the Board in the name of a dentist currently licensed under MGL c. 112 s. 45 for the specific address named in the application and is <u>not</u> transferable to either another facility or another licensee. <u>A facility permit immediately expires</u> when the licensee in whose name it is issued ceases to practice at the facility.
- 2) A site inspection is required for completion of this application. Once the permit application is complete, a compliance officer will contact you to set up a time for the inspection. If you are a member of the Massachusetts Society of Oral and Maxillofacial Surgeons whose practice site named in the application has been inspected within the past five years you may submit a copy of the results of that inspection along with the application for a Facility Permit D-C in lieu of requesting a Board inspection.
- 3) Please consult Statutes, Rules, and Regulations pertaining to the administration of anesthesia and sedation (234 CMR 6.00) at <a href="www.mass.gov/dph/boards/dn">www.mass.gov/dph/boards/dn</a> for detailed descriptions of requirements for the Facility Permit D-C and Individual Anesthesia permits and go to <a href="www.osha.gov">www.osha.gov</a>, <a href="www.

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# The Commonwealth of Massachusetts Division of Health Professions Licensure Board of Registration in Dentistry 239 Causeway Street, 5th Floor, Suite 500 Boston, MA 02114 (617) 973-0971 www.mass.gov/dph/boards/dn

### **Application - Facility Permit D-C**

1. APPLICANT NAME			MA DN Lic. #		
	Last	First	MI		
2. FACILITY ADDRESS:					
	No.	Street		Unit#	
_	City/Town		State	Zip Code	
3. Business Name/Do	DING BUSINESS AS:				
4. TELEPHONE NUMBE	er-Day:	CE	LL:	FAX:	
5. EMAIL ADDRESS:					
6. PRACTICE OWN	<b>ER</b> (if different fro	m applicant)			
Name:			M	A Dental Lic. #	
Telephone:			_Email:		
7. FACILITY DENTA	AL DIRECTOR (i	if applicable – see 2	34 CMR 5.02 (3))		
Name:			M	A Dental Lic. #	
Telephone:			_Email:		
8.TYPE(S) OF ANES TO BE ADMINISTE (Check all that apply	RED AT THIS SI				
Nitrous Oxide- Oxyge Nitrous Oxide-Oxyge Oral Sedation Only I.V. Sedation	n + Oral Sedative	s			
General Anesthesia a Other route of admin					

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#### **FACILITY PERMIT D-C APPLICATION ATTACHMENTS**

	<b>Attachment 1</b> : Personal or business check or money order made payable to THE COMMONWEALTH OF MASSACHUSETTS in the amount of \$180. <b>All fees are non-refundable and non-transferable</b> .
	Attachment 2: Required Equipment and Emergency Drugs (see form attached)
	<b>Attachment 3</b> : Documentation of most recent local fire department inspection of the application site within the past year.
	Attachment 4: Copy of current ACLS or PALS or BLS certificates for all individuals administering or
	assisting.
	Attachment 5: Copy of office's medical history form.
	Attachment 6: Copy of office's anesthesia chart form.
	Attachment 7: Copy of office's anesthesia consent form.
	<b>Attachment 8</b> : Copy of a schedule and log demonstrating the regular inspection of all emergency drugs and equipment for administration of nitrous oxide-oxygen sedation at the office site, including the date (and name of person who last checked drugs and equipment and the results of the checks, including that
	the condition of equipment according to manufacturers' specifications.
	Attachment 9: Copy of a written protocol for management of emergencies.
	<b>Attachment 10</b> : Copy of a written protocor for management of emergences. <b>Attachment 10</b> : Copy of schedule and content of regular and routine office emergency drills.
	<b>Attachment 11</b> : Copy of WEEKLY spore testing results for the three (3) months prior to application for
ш	Facility Permit D-C. If office has been open less than three months, submit the protocols and procedure for spore testing at the site and any and all WEEKLY spore testing results to date.
	Attachment 12: Copy of Federal DEA Controlled Substance Certificate and MA Controlled Substance Registration for the specific address listed on this application. (M.G.L. c. 94C, §10)
	Attachment 13: Request for on-site inspection of the site by the Board.
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	Attachment 15: Copy of all current individual anesthesia permits of staff.
_	Attachment 13. Copy of an eutrent murvidual anestnesia permits of starr.
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# **Attachment 2**EQUIPMENT REQUIRED BY 234 CMR 6.07 TO BE PROVIDED AND MAINTAINED AT SITE

EQUIPMENT REQUIRED	DATE LAST INSPECTED
Alternative light source for use during power failure	
Automated or manual external defibrillator including batteries and other components	
Disposable CPR mask (pediatric and adult)	
Disposable syringes (assorted sizes)	
Gas delivery system capable of positive pressure ventilation, which must include:	
<ul> <li>Oxygen</li> </ul>	
<ul> <li>Safety-keyed hose attachments</li> </ul>	
<ul> <li>Capability to administer 100% oxygen in all rooms (operatory, recovery,</li> </ul>	
examination, and reception)	
<ul> <li>Gas storage in compliance with safety codes</li> </ul>	
<ul> <li>Adequate waste gas scavenging system</li> </ul>	
<ul> <li>Nasal hood or cannula.</li> </ul>	
Pulse oximeter	
Sphygmomanometer and stethoscope (pediatric and adult)	
Suction	

# EMERGENCY DRUGS AND DRUG CLASSIFICATIONS REQUIRED BY 234 CMR 6.07 TO BE PROVIDED AND MAINTAINED AT SITE

REQUIRED DRUGS	NAME OF DRUG	DOSAGE	EXPIRATION DATE
Acetylsalicylic acid (rapidly			
absorbable form)			
Ammonia inhalants			
Antihistamine			
Antihypoglycemic agent			
Bronchodilator			
Epinephrine pre-loaded syringes			
(pediatric and adult)			
Two epinephrine ampules			
Oxygen			
Vasodilator			

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#### Attachment 2 (page 2)

NAME(S) OF DENTIST(S)/ANESTHESIOLOGIST(S) WHO WILL BE ADMINISTERING ANESTHESIA AT THIS FACILITY	LICENSE NUMBER	ANESTHESIA PERMIT NUMBER	ACLS/BLS CERTIFICATION EXPIRATION DATE
Dental Director:			

NAME(S) OF DENTAL/SURGICAL ASSISTANT(S)	EXPIRATION DATE OF CPR/BLS CERTIFICATION

#### SIGN AND SEND THIS APPLICATION AND ALL REQUIRED ATTACHMENTS TO:

THE MASSACHUSETTS BOARD OF REGISTRATION IN DENTISTRY

239 CAUSEWAY STREET-SUITE 500, BOSTON, MA 02114

KEEP A COPY OF THIS APPLICATION AND ALL ATTACHMENTS FOR YOUR RECORDS

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